

# GN 00307.292 Use of Form SSA-308 Modified Benefit Formula Questionnaire

## - Foreign Pension -

※以下をご参考に黒のボールペンにて署名欄以外はすべてブロック字で記入してください。

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON 米国で働いていた方のお名前（労働者・個人事業主）	U.S. SOCIAL SECURITY NUMBER ソーシャルセキュリティナンバー
NAME OF PERSON MAKING STATEMENT (if other than above wage earner or self-employed person) 記入者のお名前（上記の労働者・個人事業主以外の方が記載する場合）	

U.S. Social Security retirement or disability benefits may be determined using a different formula under the Windfall Elimination Provisions (WEP), when you also receive a pension based on employment or self-employment, (employment, meaning work) from a foreign pension not covered by U.S. Social Security. Social Security benefit amounts use only earnings covered under Social Security with a benefit formula that gives proportionately higher amounts to workers with low lifetime earnings. A worker with a substantial period of non-covered work during their lifetime appears to have lower lifetime earnings than they actually had. WEP reduces the primary insurance amount upon which benefits are based and affects all benefits paid on that record except survivors. The difference in U.S. Social Security benefits computed under WEP cannot be greater than one-half the amount of the non-covered pension received in the first month you are entitled to both the non-covered pension and the U.S. Social Security benefit.

<p>既に受け取った年金または受け取り予定の年金について年金の支払い機関の名称と住所を記載ください。</p> <p>Enter the name and address of the agency or organization from which you received or expect to receive the pension. If you receive more than one pension, complete a separate form for each pension.</p> <p>複数の年金を受け取っている場合はそれぞれの年金について別々に記入ください。</p>	<p>NAME 年金の支払い機関の名称を記載</p> <p>ADDRESS (include postal code) 年金の支払い機関の住所を記載</p>	<p>Japanese Liaison Agencies GN 01746.025 詳しくは最後のページをご確認ください。</p>
<p>2. Is the pension listed in item 1 a partial benefit paid under a U.S. Social Security (Totalization) agreement? 1で記載した年金は日米社会保障協定に基づいた年金ですか？</p> <p>受け取っている年金が日米社会保障協定に基づく年金の場合はその証明書を提出してください。3番以降は何も記載せず、署名欄に署名してください。</p>	<p><input type="checkbox"/> Yes If "yes," submit evidence such as an award certificate or letter from the agency paying the pension, ignore the rest of the form, and sign your name on the last page in the appropriate space.</p> <p><input checked="" type="checkbox"/> No If "no," complete the rest of the form and sign it. 協定に基づいた年金ではない場合は3番以降を記入し、署名してください</p> <p><input type="checkbox"/> Unknown If "unknown," contact the agency paying the pension for further information about the pension, complete the form and sign it.</p>	

<p>3. 年金の加入期間を記載してください。 Enter the period(s) of employment or self-employment upon which your pension is based. Provide specific dates. Enter a "?" if some information is unknown. 不明な期間については「？」と記載ください。</p>	<p>FROM: (MM/DD/YYYY) 月/日/年</p> <p>TO: (MM/DD/YYYY) 月/日/年</p>
<p>4. Enter only the period(s) of employment or self-employment from item 3 above used to determine your pension which was after 1956 and which was not covered by U.S. Social Security. Provide specific dates. Enter a "?" if some information is unknown.</p>	<p>FROM: (MM/DD/YYYY)</p> <p>TO: (MM/DD/YYYY)</p>
<p>5. 任意で加入した期間または雇用に基づかない期間を記載ください。 Enter specific periods of voluntary contributions or other non-employment based credits included in the computation of your pension. Enter a "?" if some information is unknown. 不明な期間については「？」と記載ください。</p>	<p>FROM: (MM/DD/YYYY) 月/日/年</p> <p>TO: (MM/DD/YYYY) 月/日/年</p>
<p>6. Enter the date you first became (or expect to become) eligible for the pension.</p>	<p>DATE: (MM/DD/YYYY) 月/日/年</p>

初めて受給権を取得した時期または取得予定時期を記入ください。

Enter the amount of your pension before any deductions are made to provide for a survivor annuity, health insurance, etc. (If the pension is not paid in U.S. dollars, show the amount of the pension in the currency in which it is paid.)	
a) For the month you first receive a U.S. Social Security benefit. 日本の年金受給した後に、米国年金を受給した場合は a) 欄へ	AMOUNT XXX,XXX Yen
OR	
b) For the month you first receive the pension, if later than the month you first receive a U.S. Social Security benefit 米国年金を受給した後に、日本の年金を受給した場合は b) 欄へ	AMOUNT XXX,XXX Yen
If the pension is paid on other than a monthly basis, indicate how often it is paid	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input checked="" type="checkbox"/> Other Every Two Months
If the amount of the pension is unknown, show "unknown."	

支払いが毎月ではない場合は支払い単位を記載ください。

・日米どちらの年金を先に受け取っていたかで a) 欄または b) 欄への記載区分が変わります。  
・通常、日本の年金は 2 カ月毎の受け取りとなりますので 2 カ月毎の金額を記載ください。  
・年間の受給額のみしかわからない場合は「XXX,XXX Yen / Annually」と記載ください。

年金を一時金として受け取った場合は、受け取った金額及び受け取り期間について記載ください。

8.	If you received a lump sum payment instead of a periodic pension, enter the amount of the payment and, if known, the specific period of time for which the payment would be due. If unknown, show "unknown."		
\$	_____	for the period from _____ through _____	
	(Amount)	(Month, Year)	(Month, Year or Lifetime)

Remarks:

その他にお知らせすべき事項がございましたら備考欄に記載ください。

下記の重要事項をご確認の上、署名欄に署名ください。

私は現在受け取っている年金の受給権が消滅した場合は速やかに SSA へ報告いたします。連絡が遅れたことにより SSA の年金額が減る場合あることを理解しています。また年金の受給権が消滅した後に新たに年金の受給権を得た場合は速やかに SSA へ報告いたします。

**IMPORTANT INFORMATION: PLEASE READ THE FOLLOWING BEFORE SIGNING THE FORM**

I agree to report promptly to the U.S. Social Security Administration if my current pension or annuity ceases because this may affect the amount of my U.S. Social Security benefit. I understand that failure to report cessation of my pension or annuity could result in a lower U.S. Social Security benefit than would otherwise be payable. I also agree to report promptly to the U.S. Social Security Administration if I become entitled to another pension or annuity from any country or foreign employer after the cessation of the pension or annuity I currently receive or expect to receive.

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties.

**SIGNATURE OF PERSON MAKING STATEMENT**

SIGNATURE (First name, Middle Initial, Last Name) (Write in ink) 署名	DATE: (MM/DD/YYYY) 記入日 (月/日/年)
MAILING ADDRESS (Number and Street, Apt. No., P.O. Box, Rural Route) ご自宅の住所	TELEPHONE NUMBER(S) AT WHICH YOU MAY BE CONTACTED DURING THE DAY 日中連絡が取れる電話番号
CITY AND STATE (or Country) ご自宅の住所 (国)	ZIP CODE OR POSTAL CODE ご自宅の郵便番号

※年金課では個別の案件に対してお問い合わせいただいてもお答えできかねますので予めご了承ください。記入済みの書類と証明書等は直接アメリカへ送付いただきますようお願いいたします。

## GN 01746.025 Japanese Liaison Agencies

年金の種類	管轄機関名称と住所
基礎年金（国民年金） <b>National Pension</b>  厚生年金 <b>Employee's Pension Insurance</b>  船員保険年金 <b>Seamen's Insurance</b>	Japan Pension Service 3-5-24 Takaido-nishi Suginami-ku Tokyo 168-8505 JAPAN
国家公務員共済年金 <b>National Public Service Mutual Aid</b>	Federation of National Public Service Personnel Mutual Aid Associations Pension Department 1-1-10, Kudanminami Chiyoda-ku, Tokyo JAPAN
地方公務員共済年金 <b>Local Public Service Mutual Aid</b>	Pension Fund Association for Local Government Officials Pension Division Pension Operation Department Akasaka DS Building 8-5-26, Akasaka Minato-ku, Tokyo JAPAN
私立学校教職員共済年金 <b>Private School Teachers' and Employees' Mutual Aid</b>	The Promotion and Mutual Aid Corporation for Private Schools Of Japan 1-7-5, Yushima Bunkyo-ku, Tokyo JAPAN

※その他の企業年金等については各企業・組合や企業年金連合会へそれぞれの名称や住所等をご確認ください。